

## CRIMINAL INFORMATION SUMMARY

Additional Pages

TROOP / UNIT:	Troop L	OTHER INVOLVED A	GENCY:	7		Woodbury Res.	. Tpr. Off.			
DATE:	TIME:	INVESTIGATING OFFICE	R;			DPS CASE NUMBER:				
07/12/2005	1424	Ofc, Lawrence Rockhill LC48					DPS-05-034136			
	(STREET NAME & CITY /	TOWN ONLY):								
Cowles Road, W	/oodbury			<u> </u>						
SUMMARY OF INCIDENT		ARREST MADE:			NDER INVESTIGATION:				50 50	
bathroom for the	eir safety. Accuse	for report of young and had broken door								
taken into custoo	dy.									
VICTIM; (DO NOT IDE	ENTIFY ANY JUVENILE	BY NAME OR ADDRESS	- IF JUVEN	IILE, WRITE ".	IUVENILE" BY THE NA	ME FIELD & "AGE"	BY DOB FIELD)		_	
NAME / BUŞINESS / AGE	NCY:	GENDER	ADDRESS	ADDRESS (TÓV	VN / CITY / STATE ONLY)		JUVENILE	AGE	INJURED	
Daine Macary	F	F Woodbury Ct					53	No		
NAME / BUSINESS / AGE	GENDER	ADDRESS ADDRESS (TOWN / CITY / STATE ONLY)				JUVENILE	AGE	INJURED		
Paul Macary		Woodbury, Ct					47	No		
NAME / BUSINESS / AGE	GENDER	ADDRESS ADDRESS (TOWN / CITY / STATE ONLY)				JUVENILE	AGE	INJURED		
ARRESTED: (DO NO	T IDENTIFY ANY JUVE	NILE BY NAME OR ADDR	ESS - IF JU	VENILE, WRI	TE "JUVENILE" BY TH	E NAME FIELD & 1/	AGE" IN DOB FIELI	D)		
NAME:		GENDER:	3/							
Matthew J Macary	/	, M	03/2		dbury Ct					
CHARGES:		COURT:			BOND:		INJURED:			
1) Unlawful Restrai		GA#:	4		CASH  X NON-SURETY	SURETY	No.	_		
2) Reckless Endan	TOWN:	Town: Waterbury			AMT: \$5,000			AMBULANCE:		
3) Threatening	DATE:	DATE: 07/13/2005			TO BE PRESENTED AT COURT			HOSPITAL:		
4) Interferring With						T OF CORRECTIONS				
AE:	7 (0.002)	GENDER	DOB:	ADDR	ES6:					
CHARGES;		COURT;			BOND;		INJURED;			
1)		GA#:	4	. 5.	CASH NON-SURETY	SURETY		]		
2)		TOWN;	Waterbury	*		MAIN	AMBULANO	7 T		
3)		DATE:			AMT: TO BE PRESEN	TED AT COURT	HOSPITAL			
4)						T OF CORRECTIONS				
NAME;		GENDER:	DOB;	ADDR	ESS;					
CHARGES;		COURT:	_		BOND:		INJURED:			
1)		GA#:	4		CA5H	SURETY		]	01	
			Waterbury	10	NON-SURETY	WPTA	AMBULANC	DE:		
3)		DATE:			AMT:	TED 47 00 INT	HOSPITAL:	_		
4)					TO BE PRESENTED AT COURT TRANS TO DEPT OF CORRECTIONS					
NAME:		GENDER:	DOB:	ADDR	ESS:					
CHARGES:		GOURT:			BOND:		INJURED:			
1)		GA#:	4		CASH	SURETY		]		
2)		TOWN:	Waterbury		NON-SURETY	WPTA	AMBULANO	7		
es.		DATE:			AMT:	TED AT COURT	HOSPITAL;	-		
3)					- I I I U DE PRESEN	I ED A I COURT	LANGE TO SER			
4)						T OF CORRECTIONS				
4) Supervisor's Approval Rec	ulred:					T OF CORRECTIONS		_		